Effective Date: 11/06/14

5.01B Elements of Effective Client-Centered Nutrition Education

.01 Nutrition Education Overview and Elements of Client-Centered Nutrition Education

Review **Nutrition & Health** Assessment

Client Feedback & Support

Face-to-face Telephone Electronic



NE Reinforcement

Pamphlets

Text Messaging

Newsletters

Referrals • Internal **Bulletin Boards**

Videos

External

NE Plan

Elements of Effective **Client-Centered Nutrition Education** (NE)

Select NE Delivery Method

Face-to-face:

- Individual
- Group
- Counseling NCRD

Self-Directed:

- Internet
- NE Mall
- Take home
- Kiosk

Telephone (BF)

Select Messages

Client nutrition concerns Risk-based Breastfeeding Anticipatory guidance for nutrition



Select Behavior Change Strategies

Motivational interviewing Facilitated discussion Breastfeeding education and support Demonstrations





Effective nutrition education incorporates the followings elements.

WIC Nutrition & Health Assessment—A comprehensive and standardized process includes all of the following:

- a. Determine the client's nutrition risks, nutrition status, capacities, strengths, socio-cultural needs, and concerns
- b. Design relevant nutrition education, including breastfeeding support
- c. Customize food packages appropriately
- d. Identify appropriate referrals
- e. Follow-up on previous assessments, goals, interventions, and referrals to provide continuity of care and monitor progress

Messages that engage the client in setting individual, simple and attainable behavior changes. Messages must provide clear and relevant "how-to" actions to accomplish behavior changes.

Behavior Change Strategies include all of the following:

- a. Develop client rapport by employing active listening skills, asking open-ended questions and identifying the client's current stage and readiness for change
- b. Involve families in self-assessment and self-directed goal setting
- c. Help families move toward their desired level of wellness

Nutrition Education Delivery Methods that include any of the following:

- a. Face-to-face individual education
- b. High Risk counseling (NCRD)
- c. Group activities (e.g., classes, facilitated discussions, demonstrations, etc.)
- d. Self-directed education (e.g., Web/computer-based education, education malls, and take home activities)

NOTE: Telephone contacts may only be considered a nutrition education contact for breastfeeding support/education.

Nutrition Education Reinforcements provide additional support to the client. The use of reinforcements independent of face-to-face interaction or online education is not considered a nutrition education contact. Examples of reinforcements are:

- a. Nutrition Education Plan Report
- b. Publications/pamphlets/newsletters
- c. Videos
- d. Posters/bulletin board displays
- e. Health fairs
- f. Public service announcements/radio/television advertisements
- g. Text messages.

Client Feedback and Support is provided in face-to-face or direct encounters. Each IEVAL/CEVAL and recertification visit includes follow-up discussion of the previous nutrition education plan to determine intervention effectiveness and assess behavior change. Follow-up discussion verifies what interim nutrition education the client has participated in since the last nutrition education plan was developed, what the client perceives to have gained from their nutrition education experience(s), and what next steps they would like to take (See Policy 5.06, Interim Nutrition Education, Client Feedback and Support). The timing of the follow-up should reflect the client's needs and concerns. Local agencies are encouraged to seek and provide additional opportunities for client feedback outside the IEVAL/CEVAL and recertification appointments.